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PTO/SB/21 (08-00)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/069,465
Filing Date	10/29/2001
First Named Inventor	Windass
Group Art Unit	TBA
Examiner Name	TBA
Attorney Docket Number	SYN-125

Total Number of Pages in This Submission **38****ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

Return Receipt Postcard

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Colleen Superko, Reg. No. 39,850)
Signature	
Date	03/14/2002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage to insure mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date			
Typed or printed name		Teresa Carvalho	
Signature		Date	03/14/2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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FEE TRANSMITTAL
for FY 2002

Retent fees are subject to annual revision.

AMOUNT OF PAYMENT

(\$) 0.00

Complete if Known

Application Number	10/069,465
Filing Date	10/29/2001
First Named Inventor	Windass
Examiner Name	TBA
Group Art Unit	TBA
Attorney Docket No.	SYN-125

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Account
Number

08-0219

Deposit
Account
Name

Hale and Dorr LLP

- ☒ Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17

- ☐ Applicant claims small entity status.
See 37 CFR 1.27

2. ☐ **Payment Enclosed:**

☐ Check ☐ Credit card ☐ Money
Order ☐ Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20** =	X	
Multiple Dependent	-3** =	X	

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	

*For number previously paid, if greater, for reissues, see above

*Reduced by basic filing fee paid

SUBTOTAL (3) \$

SUBMITTED BY

Name (Print/Type)	Colleen Superko	Registration No.	39.850	Telephone	(617) 526-6564
		Attorney Agent		Date	03.14.2002

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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PATENTS

Applicant: John David Windass *et al.*
Serial No.: 10/069,465
Filing Date: October 29, 2001
Title: METHODS FOR DETECTING LOW FREQUENCIES OF
MUTATIONS
Examiner: Not Yet Assigned
Group Art Unit: Not Yet Assigned
Attorney Docket No.: SYN-125

Assistant Commissioner for Patents
Washington, D.C. 20231

CERTIFICATE UNDER 37 CFR §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:
Assistant Commissioner for Patents, Washington, D.C. 20231 on the date set forth below.

March 14, 2002
Date of Signature and of
Mail Deposit

Teresa Carvalho

INFORMATION DISCLOSURE STATEMENT WITH STATEMENT UNDER 37 C.F.R. § 1.97(b)(3)

Sir:

Applicants and their legal representatives hereby make of record on the attached PTO Form-1449 the following publications which are known to them and considered warranting disclosure under 37 C.F.R. §1.56. Copies of each of these publications are enclosed.

This Information Disclosure Statement is timely submitted by Applicants before the mailing of a first Office Action on the merits, pursuant to 37 C.F.R. §1.97(b)(3). The publications provided herein were cited as part of the International Search Report issued in connection with this application to the United States Patent and Trademark Office.

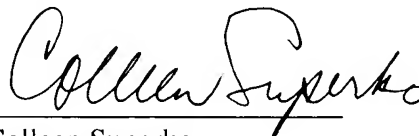
Applicants and their legal representatives represent and warrant that the information material, that an exhaustive search has been conducted, or that no other relevant information exists. Nor shall the citation of any publication herein be construed *per se* as a representation

that such publication is prior art. Moreover, the Applicants understand that the Examiner will make an independent evaluation of the cited publications.

No fee is believed to be due in connection with the filing of this Information Disclosure Statement. In the event a fee is due, please charge the appropriate fee or credit any overpayment to Deposit Account No. 08-0219.

Respectfully submitted,

Dated: March 14, 2002

A handwritten signature in cursive script, reading "Colleen Superko". The signature is written in dark ink and is positioned above a horizontal line.

Colleen Superko
Registration No. 39,850
Attorney for Applicants

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